

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|
| FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | ATTORNEY'S DOCKET NO.<br>NL 020048                                  |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | U.S. Application No. (If known, see 37 CFR 1.5)<br><b>10/502141</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/IB02/05657                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INTERNATIONAL FILING DATE<br>December 20, 2002 | PRIORITY DATE CLAIMED<br>January 24, 2002                           |
| TITLE OF INVENTION<br>ERROR CORRECTION OF STREAM DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>Johannis Friso Rendert BLACQUIERE; Ronald Marcel TOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                     |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                     |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</p> <p>4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.</p> <p>5. <input checked="" type="checkbox"/> copy of the International Application as filed (35 U.S.C. 371 (c)(2))</p> <p>a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).</p> <p>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.</p> <p>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2))</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))</p> <p>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</p> <p>b. <input type="checkbox"/> have been transmitted by the International Bureau.</p> <p>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</p> <p>d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> A translation of the amendment to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> <p>Items 11. to 16. below concern document(s) or information included:</p> <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A FIRST preliminary amendment.</p> <p><input type="checkbox"/> A SECOND OR SUBSEQUENT preliminary amendment.</p> <p>14. <input type="checkbox"/> A substitute specification.</p> <p>15. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>16. <input checked="" type="checkbox"/> Other items or information:</p> <p><input checked="" type="checkbox"/> Power of Attorney to Prosecute Application Before the USPTO [PTO/SB/80]</p> <p><input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) [PTO/SB/96]</p> <p><input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR § 1.136(a)(3) and to Charge Deposit Account</p> <p><input checked="" type="checkbox"/> Search Report</p> |                                                |                                                                     |

CERTIFICATE OF MAILING

[X] Express Mail Mailing Label No.

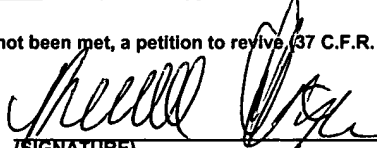
Date of Deposit

7-20-04 EV31201531045

I hereby certify that this paper and fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jeanne Rusciano  
Typed Name

Signature

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |            |                                                                                                                           |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------|------------------|
| U.S. APPLICATION NO. <b>10/502141</b> (If known, see 37 C.F.R. 1.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | INTERNATIONAL APPLICATION NO.<br>PCT /IB02/05657 |            | ATTORNEY'S DOCKET NUMBER<br>NL 020048                                                                                     |                  |
| 17 [ X ] The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 C.F.R. 1.492(A)(1)-(5)):</b><br><div style="margin-left: 40px;">           Search Report has been prepared by the EPO or JPO \$860.00<br/>           International preliminary-examination fee paid to USPTO (37 C.F.R. 1.482) \$690.00<br/>           No international preliminary examination fee paid to USPTO (37 C.F.R. 1.482) but International search fee paid to USPTO (37 C.F.R. 1.445(a)(2)) \$750.00<br/>           Neither international preliminary examination fee (37 C.F.R. 1.482) nor International search fee (37 C.F.R. 1.445(a)(2)) paid to USPTO \$970.00<br/>           International preliminary examination fee paid to USPTO (37 C.F.R. 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$ 96.00<br/> <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |            | <b>CALCULATIONS (PTO USE ONLY)</b><br><br><br><br><br><br><br><br><br><br><div style="text-align: right;">\$ 860.00</div> |                  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                  |            | \$                                                                                                                        |                  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER FILED | NUMBER EXTRA                                     | RATE       |                                                                                                                           |                  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15 - 20 =    | 0                                                | X \$ 18.00 | \$ 0.00                                                                                                                   |                  |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 - 3 =      | 0                                                | X \$ 84.00 | \$ 0.00                                                                                                                   |                  |
| MULTIPLE DEPENDENT CLAIMS (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                  | + \$280.00 | \$ 0.00                                                                                                                   |                  |
| <b>TOTAL OF ABOVE CALCULATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                  |            | <b>=</b>                                                                                                                  | <b>\$ 0.00</b>   |
| Reductions by 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 C.F.R. 1.9, 1.27, 1.28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                  |            | \$                                                                                                                        |                  |
| <b>SUBTOTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |            | <b>=</b>                                                                                                                  | <b>\$ 860.00</b> |
| Processing fee of \$130.00 for furnishing the English translation later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |            | \$                                                                                                                        |                  |
| <b>TOTAL NATIONAL FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                  |            | <b>=</b>                                                                                                                  | <b>\$ 860.00</b> |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                  |            | <b>+</b>                                                                                                                  | <b>\$ 40.00</b>  |
| <b>TOTAL FEES ENCLOSED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                  |            | <b>=</b>                                                                                                                  | <b>\$ 900.00</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |            | Amount to be Refunded                                                                                                     | \$               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |            | Charged                                                                                                                   | \$               |
| a. [ ] A check in the amount \$_____ to cover the above fees is enclosed.<br>b. [ X ] Please charge my Deposit Account No. <u>14-1270</u> in the amount of <u>\$ 900.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. [ X ] The Commissioner is hereby authorized to charge any additional fee, with the exception of the Base Issue Fee, which may be required, or credit any overpayment to Deposit Account No. <u>14-1270</u> . A duplicate copy of this sheet is enclosed.<br><br>NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           SEND ALL CORRESPONDENCE TO:<br/><br/>           Corporate Patent Counsel<br/>           Philips Electronics North America Corporation<br/>           P.O. Box 3001<br/>           Briarcliff Manor, NY 10510         </div> <div style="width: 45%; text-align: center;"> <br/>           (SIGNATURE)<br/>           Russell Gross<br/>           (NAME)<br/>           40,007<br/>           (REGISTRATION NUMBER)         </div> </div> |              |                                                  |            |                                                                                                                           |                  |

10/502141

DT15 Re PCT/PTO 20 JUL 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

JOHANNIS F.R. BLACQUIERE et al.

NL 020048

Serial No.

Group Art Unit

Filed: CONCURRENTLY

Ex.

ERROR CORRECTION OF STREAM DATA

Commissioner for Patents  
Alexandria, VA 22313-1450

AUTHORIZATION PURSUANT TO 37 CFR §1.136(a)(3)  
AND TO CHARGE DEPOSIT ACCOUNT

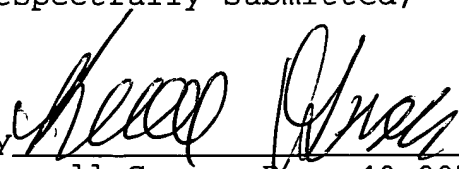
Sir:

The Commissioner is hereby requested and authorized to treat any concurrent or future reply in this application requiring a petition for extension of time for its timely submission, as incorporating a petition for extension of time for the appropriate length of time.

Please charge any additional fees which may now or in the future be required in this application, including extension of time fees, but excluding the issue fee unless explicitly requested to do so, and credit any overpayment, to Deposit Account No. 14-1270.

Respectfully submitted,

By

  
Russell Gross, Reg. 40,007

Attorney

(914) 333-9631